**Data collection form – Patients referred for a spacer device, PAAP and/or has been prescribed three or more short-acting bronchodilators without any corticosteroid within a six-month period**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient bag label** | **Date of intervention** | **Date of referral** | **Reason for referral** |  | **GP practice** | **Action taken following the intervention, e.g. inhaler technique check, NMS** |
|  |  |  | Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years) Does not have a Personalised Asthma Action Plan Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period | [ ]  | [ ]  | [ ]  |  |  |
|  |  |  | Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years)Does not have a Personalised Asthma Action Plan Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period | [ ]  | [ ]  | [ ]  |  |  |
|  |  |  | Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years)Does not have a Personalised Asthma Action Plan Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period | [ ]  | [ ]  | [ ]  |  |  |
|  |  |  | Has not been prescribed a spacer device for use with a press and breathe pressurised MDI (the patient is aged 5-15 years)Does not have a Personalised Asthma Action Plan Has been prescribed three or more short-acting bronchodilator inhalers without any corticosteroid inhaler within a six-month period | [ ]  | [ ]  | [ ]  |  |  |
| Totals |  |  |  |  |  |

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